

PART 2 COVERAGE AND ELIGIBILITY

2.1 Method of Processing Applications and Determining Eligibility

The Medicaid agency will process applications, make determinations and furnish Medicaid as follows:

- a) Each applicant will be required to submit an application for medical assistance and to submit required supporting documents.
- b) Eligibility determination must be made within 60-days from the date the application is submitted to the Medicaid Agency.
- c) Eligibility coverage may begin as much as three months prior to the submission date of application if the Medicaid Agency determines that the applicant was otherwise eligible during that period.
- d) Eligibility coverage will be for up to one year. Changes of circumstances must be reported and redeterminations made where necessary. Recipients are required to re-apply and be redetermined annually.
- e) As a condition of eligibility, each legally able applicant and recipient will be required to assign his rights for release of

information from agencies/organizations to the Medicaid Agency for purposes of making eligibility determination. Refusal to assign rights to the Medicaid Agency will result in the denial or termination of eligibility.

- f) SSI recipients are considered eligible upon filing an application for Medicaid.

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the following individuals:

- a) all SSI cash-assisted recipients;
- b) low-income individuals who meet the current SSI income and resource levels and any applicable disregards and exemptions for the determination of eligibility, who:
 - i) are U.S. citizens, lawfully admitted permanent residents of the U.S., or permanently residing in the U.S. under color of law, and;
 - ii) establish residency in CNMI.